

# Telehealth Billing: Policy Changes after COVID-19 PHE

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# Disclosure:

I do not have any financial relationships with any organizations or private affiliations to disclose.



The TexLa Telehealth Resource Center is a federally-funded program of the F. Marie Hall Institute for Rural and Community Health at the Texas Tech University Health Sciences Center. TexLa is designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana.

TexLa collaborates with Well-Ahead Louisiana with the Louisiana Department of Health to effectively provide technical assistance across such a large geographic area.

TexLa is a proud member of the National Consortium of Telehealth Resource Centers.

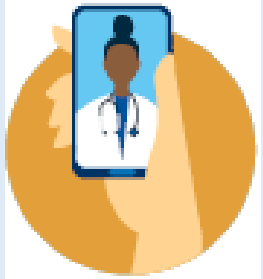


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# Objectives:

- ❖ Review the history of telehealth and how it increased access to rural communities
- ❖ Share permanent and temporary flexibilities of telehealth billing that were implemented during the PHE
- ❖ Discuss the future of telehealth billing now that the PHE has ended

# Types of Telehealth



- **Synchronous care** is a live interaction between a provider and a patient
- **Asynchronous telehealth**, also called “store and forward”, is communication or information shared between providers, patients, and caregivers that occur at different points in time.
- **Audio-only visits** – Use of telephone for visits without video
- **Mobile Health (mHealth)**. The use of a digital device such as a smartphone or something worn by the patient, commonly called a wearable, that is used to support patient health.
- **Remote patient monitoring (RPM)**. The transmission of patient data and clinical information to the provider either through in-home devices or information entered and transmitted electronically by the patient.
- **Case-based teleconferencing** – Method of providing holistic, coordinated, and integrated services across providers

# Benefits of Telehealth

- Increased continuity of care
- Reduces delays in care
- Extend access to care beyond normal hours and locations
- Reduce patient and provider travel burden and healthcare costs
- Help overcome clinician shortages, especially among **rural and other underserved populations**

# Challenges of Telehealth

- Cost of equipment
- Technology Failure
- Internet Connection
  - Consistency of connection
  - Speed of connection
  - Bandwidth
- Reimbursement/Billing
  - The end of Covid-19 PHE

# Telehealth in Rural Communities

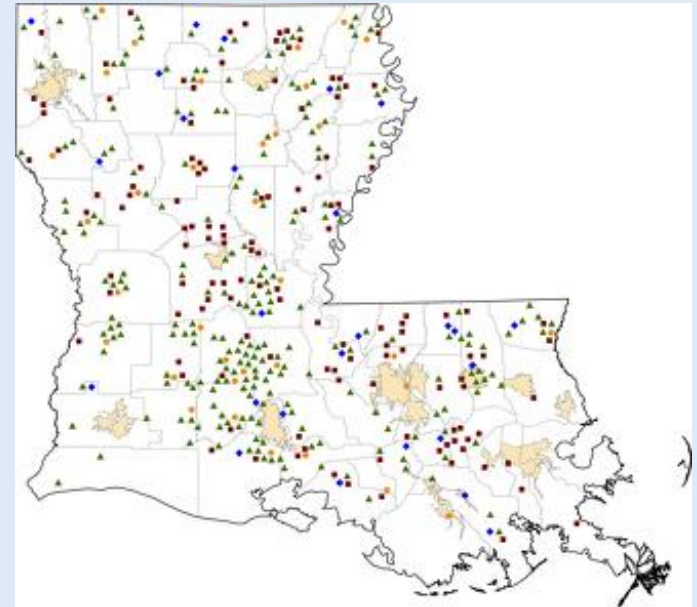
Telehealth is especially critical in rural and other remote areas that lack sufficient health care services, including specialty care.

Common Technology challenges in rural areas for implementing telehealth:

Limited access to expanded broadband

Limited digital literacy

Limited access to smartphones

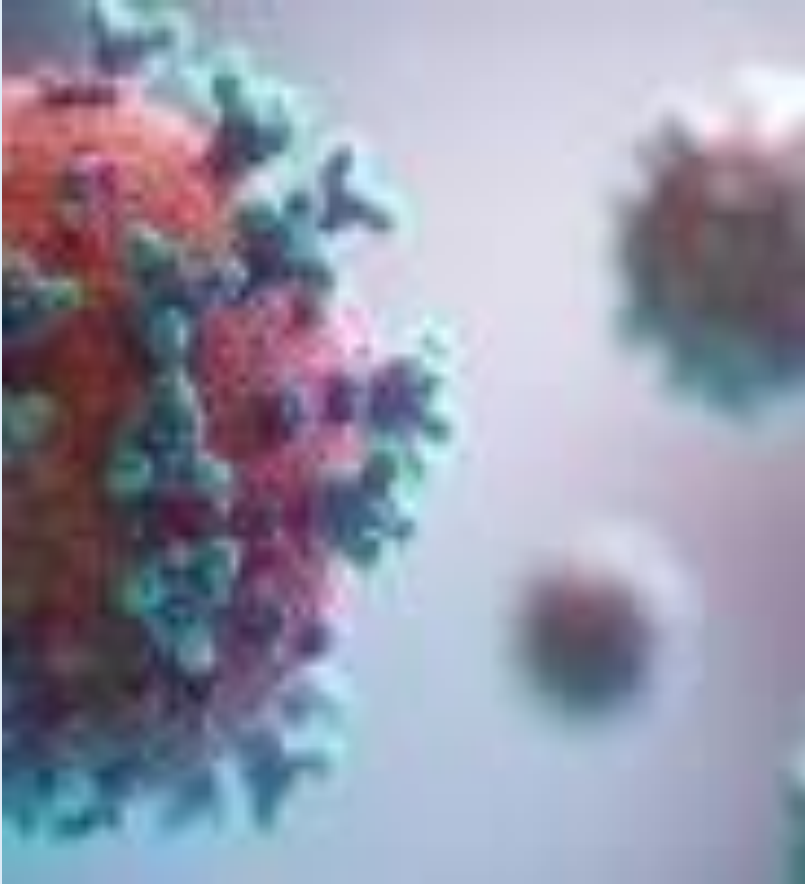


26 Critical Access Hospitals  
230 Rural Health Clinics  
128 FQHCs  
34 Short Term/PPS Hospitals

# Flexibilities of Telehealth Billing During Covid-19 PHE



# Covid-19 Public Health Emergency (PHE)



- The use of telehealth was broadly expanded throughout the pandemic to ensure uninterrupted care for patients.
- Many provisions for the use of telehealth were created to increase the ease of adoption and use of telehealth during the pandemic.
- Health and Human Services (HHS) Office for Civil Rights (OCR) released a *Notification of Enforcement Discretion for Telehealth* to allow covered providers to use popular non-facing communication apps to deliver telehealth during the COVID-19 PHE

# Consolidated Appropriations Act (CAA), 2023

Medicare's coverage of telehealth for outpatient services will largely remain the same after the Consolidated Appropriations Act of 2023 (CAA) extended many telehealth flexibilities through the **end of 2024**.



# MEDICARE TELEHEALTH POLICY IN 2024

WAIVER DURING COVID-19	REMAINS UNTIL THE END OF 2024
Waiver of geographic requirement	✓
All eligible providers in Medicare & FQHCs/RHCs to be eligible providers	✓
Site limitation waived (allowing places such as the home)	✓
Allow some services to be provided via audio-only	✓
Expanded list of eligible services to be provided via telehealth	Varies, but mostly remains intact



# MEDICARE TELEHEALTH POLICY IN 2024

WAIVER DURING COVID-19	REMAINS UNTIL THE END OF 2024
Allowing provider to use business address rather than putting home address	✓
Waiving frequency limit on telehealth visits in SNFs	✓
Allowing for direct supervision to be done via telehealth	Some remain intact such as supervision of residents when the service is furnished virtually.

- [CCHP 2024 Physician Fee Schedule Fact Sheet](#)
- [2024 Physician Fee Schedule Final](#)
- [Consolidated Appropriations Act 2023](#)
- [CMS Telehealth Fact Sheet \(Dated 12/2023\)](#)



# Audio-only visits

- Audio-only encounters are allowed for certain services
- Medicare allows audio-only telehealth services for office visit evaluation and management services for the treatment of mental health conditions
- Private payers vary on covered telehealth services
- After December 31, 2024, CMS does not intend to cover audio-only services except for mental health

# RHC Medical Services

Sick Visits

Wellness/Preventive Visits

Specialty Visits

Mental Health/Substance Abuse Visits

Name of Telehealth Service	Brief Description	How to Bill	Reimbursement Rate	Relevant Dates
<b>Virtual Check-In or Virtual Care Communications</b>	Remote evaluation - G2010 Brief communication with patient (5 min) - G2012	G0071 Bill on UB-04 No modifier necessary Rev Code 052X	<b>2024:</b> \$13.32	Permanent coverage
<b>Digital e-Visits</b>	Online evaluation and management  99421-99423	G0071 Bill on UB-04 No modifier Rev Code 052X	<b>2022:</b> \$23.88  <b>2023:</b> \$23.72	Only billable during the COVID-19 PHE (ended May 11, 2023).
<b><u>Telehealth Visits</u></b>	One to one substitutes or additions to in-person services/visits  List of allowable services maintained by <a href="#">CMS</a> (including services allowed via audio-only)	G2025 Bill on UB-04 Modifier 95 optional Modifier CS (for services where cost sharing is waived)  Rev Code 052X  Costs and encounters carved out of cost report	<b>2024:</b> \$96.87	Currently set to expire December 31, 2024

<p><b><u>Mental Health Telehealth Visits</u></b></p>	<p>One to one substitutes or additions to in-person mental health services/visits</p> <p>CPT codes that can be billed with 0900 revenue code</p>	<p>Rev Code 0900</p> <p>Use proper mental health CPT code</p> <p>Modifier CG always</p> <p>Modifier 95 if audio-video</p> <p>Modifier FQ or 93 if audio-only</p> <p>Count costs and encounters on cost report</p>	<p>All-Inclusive Rates</p>	<p>Permanent coverage beginning January 1, 2022</p> <p>*Occasional in-person visit requirement begin on January 1, 2025</p>
<p><b>Chronic Care Management/ Principal Care Management/Remote Physiologic Monitoring/Remote Therapeutic Monitoring</b></p> <p><b>Psychiatric Care Management</b></p>	<p>G0323, 99487, 99490, 99491, 99424, 99426, G3002, G3003, 99453, 99454, 99457, 99458, 99091, 98975, 98976, 98977, 98980, 98981, G0019, G0022, G0023, and G0024 = G0511 99492, 99493 = G0512</p>	<p>G0511- Care Management</p> <p>G0512- Psychiatric Care Management</p>	<p>G0511 2024: \$72.90</p> <p>G0512 2024: \$146.47</p>	<p>In 2024, CMS greatly expanded care management policy for RHCs. RHCs can bill for Remote Physiological Monitoring and several others (as G0511) and are eligible to bill for multiple G0511 codes per patient per month. Details <a href="#">here</a>.</p>
<p><b>Transitional Care Management</b></p>	<p>Supporting the additional work provided to patients following discharge from an acute care setting to prevent errors and readmissions.</p>	<p>99495, 99496 on an RHC claim, either alone or with other payable services</p>	<p>If it is the only medical service provided on that day with an RHC or FQHC practitioner it is paid as a stand-alone billable visit. If it is furnished on the same day as another visit, only one visit is paid.</p>	<p>Covered since January 1, 2013</p>

# Telehealth Billing Codes and Terms

There are two telehealth-specific places of service (POS):

- **POS 02** is used for telehealth services provided in a location **other than the patient's home.**
- **POS 10** is used for telehealth services provided to a patient located **in their home.**

# Telehealth Billing Codes and Terms

There are several modifiers that may be added to telehealth services. The modifier may depend on the type of service.

- **95\***: synchronous telemedicine service rendered via **audio and video communications system**.
- **93**: synchronous telemedicine service rendered via telephone or other interactive audio-only telecommunications system.
- **GQ**: asynchronous telecommunications system apply when reporting telehealth services
- **GT\***: telehealth service rendered via audio and video telecommunications systems to indicate the service has been provided
- **FQ**: A service or procedure was provided as part of a FQHC or RHC visit.
- Medicare no longer uses the GT modifier for professional services. However, many private payers still accept it.

# The Future of Telehealth Billing



# Telehealth Billing in 2025

## Through December 31, 2024

- No originating site needed
- Providers who are eligible to bill Medicare for professional services can provide distant site telehealth
- Use audio-only telehealth for some non-behavioral or mental telehealth
- Use telehealth to conduct hospice care eligibility recertification

## As of January 1, 2025

- FQHCs and its practitioners will no longer be able to furnish distant site telehealth services
- Non-behavioral or mental telehealth may have originating site requirements and geographic location restrictions
- Behavioral or mental telehealth, all patients can continue to get telehealth wherever they're located, with no originating site requirements or geographic location restrictions

# RHC Telehealth Support

The majority of telehealth waivers will require further legislative action if they are to remain permanent.

**Congress must take action by December 31, 2024 to avoid Medicare medical telehealth policy from reverting to limited, pre-COVID-19 pandemic rules**

- National Association of Rural Health Clinics (NARHC) is advocating for:
  - Permanent coverage of medical telehealth encounters
  - A revision of the RHC/FQHC payment policy to ensure that RHCs do not experience a disparity in reimbursement when seeing patients via telehealth
- The American Medical Association (AMA) is advocating for:
  - Supporting the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act which would expand coverage of telehealth services through Medicare and make permanent COVID-19 telehealth flexibilities.
  - geographic payment equity be required in any telehealth legislation

# Health Act of 2023

## H.R. 4189 **CONNECT** for Health Act

- Permanently remove telehealth geographic restrictions
- Expand originating site locations to include the patient's home and other clinically appropriate sites
- Remove arbitrary requirements for in person visits for behavioral health treatment
- Allow **Rural Health Clinics** to serve as distant sites.

# Health Act of 2023

## H.R. 7623 **Telehealth Modernization Act 2024**

- Extend certain Covid-19 telehealth flexibilities through 2026
- Ensures that Medicare would reimburse telehealth visits at the **same** rate as in-person visits
- Extends **audio-only** services (seniors utilize audio-only 60% than the general population)
- Extends hospital at home telehealth program through 2029

# Legal Requirements for Using Telehealth Services

## Louisiana

- **Consent**

- In addition to any informed consent and right to privacy and confidentiality that may be required by state or federal law or regulation, a physician shall **insure that each patient to whom he or she provides medical services by telemedicine is informed of the relationship between the physician and patient and notified that they may decline to receive medical services by telemedicine at any time.**

- **Online Prescribing**

- Telemedicine, including **the issuance of any prescription via electronic means, shall be held to the same fundamental and usually accepted standards of medical practice as those in traditional, face-to-face settings.**
- Telemedicine can only be used to prescribe a controlled substance if there has been **at least one in-person visit in the last year**, the prescription is for a legitimate medical purpose, conforms with standards of care, and is permitted by state and federal laws and regulations.

- **Cross-state Licensure**

- Interstate Medical Licensure Compact: Yes
- The board shall issue a telemedicine license to **allow the practice of medicine across state lines** to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States.

- **Professional Boards Standards**

- None specific to family medicine.

# The Future of Telehealth

- The Covid 19 flexibilities of telehealth services allowed everyone to experience an extreme transformation of care delivery
- Because of expanded access, millions of Americans utilized telehealth convenience in caring for patients, especially those with transportation or mobility limitations.
- Telehealth holds tremendous potential to leverage geographically dispersed provider capacity to support patient demand with today's clinician shortages and complex health challenges

# Thank you!

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# Resource Links:

<https://www.cms.gov/files/document/mln901705-telehealth-services.pdf>

<https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-for-behavioral-health/billing-for-telebehavioral-health>

[Legal Requirements for Telehealth | AAFP](#)

[MLN901705 - Telehealth Services \(cms.gov\)](#)

[SE20016 - New & Expanded Flexibilities for Rural Health Clinics & Federally Qualified Health Centers \(cms.gov\)](#)

[Why audio-only telehealth visits must continue | American Medical Association \(ama-assn.org\)](#)

[How to Implement Telehealth in Rural Areas \(forbes.com\)](#)

The State of Telehealth Before and After the COVID-19 Pandemic. Shaver J. Prim Care. 2022 Dec;49(4):517-530. doi: 10.1016/j.pop.2022.04.002. Epub 2022 Apr 25. PMID: 36357058; PMCID: PMC9035352.